2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# P00000096550

Entity Name: ULTIMATE QUALITY SERVICES INC.

Current Principal Place of Business:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33327

New Principal Place of Business:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33027

Current Mailing Address:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33327

New Mailing Address:

15841 PINES BLVD
202
PEMBROKE PINES, FL 33027

FEI Number: 65-1047528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLIER, ALIX
16554 NW 23 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHARLIER, ALIX
Address: 16554 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P ( ) Delete
Name: CHARLIER, ALIX
Address: 16554 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX CHARLIER D 05/08/2008

Electronic Signature of Signing Officer or Director — Date